



CHANGE OF ADDRESS OR NAME CHANGE FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIDEN NAME OR ALIAS: _____

ENROLLMENT NUMBER: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

(INCLUDING MAIDEN NAME)

EMAIL ADDRESS: _____

PHONE NUMBER: _____

Please return completed forms to the address below. You may also submit this form electronically via email to enrollment@lstribe.org

Do you speak Ojive? _____ Yes _____ No

Are you a farmer or Rancher? _____ Yes _____ No

Are you pursuing any form of higher education? _____ Yes _____ No

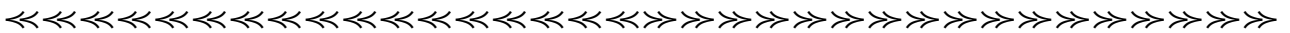
Are you a veteran? _____ Yes _____ No

If so, which branch of the military did you serve?

Air Force _____ Army _____ Marines _____ Navy _____ Coast Guard _____

During Tribal Elections would you like to receive campaign information from candidates?

_____ Yes _____ No



Would you like to receive important updates from the Little Shell Tribe sent by text message?

YES: _____ NO: _____

Would you like to receive emails from the Little Shell Tribe?

YES: _____ NO: _____

LST